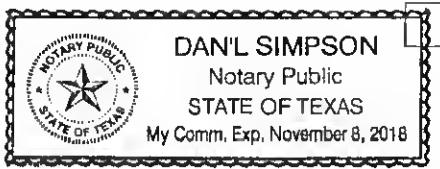
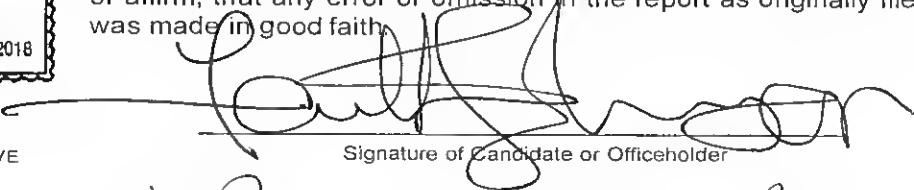
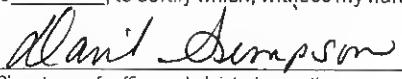


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	Faith	MI	Date Received		
	NICKNAME	LAST	Johnson	SUFFIX	RECEIVED DALLAS COUNTY ELECTIONS 2017 JUL 26 11:17 AM		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report				Date Hand-delivered or Date Postmarked Receipt # Amount \$		
5 ORIGINAL PERIOD COVERED	Month 01	Day / 01	Year / 2017	Month 06	Day / 30	Year / 2017	Date Processed Date Imaged

6 EXPLANATION OF CORRECTION: Contribution listed as from Albert Record was actually from Barbara Record.

7 AFFIDAVIT		I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable:
		<input checked="" type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. <input type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.
 Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Faith Johnson</u> , this the <u>26th</u> day of <u>July</u> , <u>2017</u> , to certify which, witness my hand and seal of office.		
 Signature of officer administering oath		Printed name of officer administering oath
 Dan'l Simpson		 Notary Public
Title of officer administering oath		
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/91 Rpt: 70/104
2 FILER NAME Johnson, Faith		3 Filer ID
4 Date 03/27/2017	5 Full name of contributor Reagan, Bob (Mr.) 6 Contributor address; City; State; Zip Code 5514 Merrimac Ave Dallas, TX 75206	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Reagan, McLain, & Hatch, LLP		9 Employer (See Instructions) Attorney
Date 06/24/2017	Full name of contributor Reaves, John (Mr.) Contributor address; City; State; Zip Code 1820 W Mockingbird Ln Dallas, TX 75235	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Smokey John's BBQ
Date 06/27/2017	Full name of contributor Record, Barbara (Mrs.) Contributor address; City; State; Zip Code 910 Stillmeadow Dallas, TX 75232	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NR		Employer (See Instructions) NR
Date 06/27/2017	Full name of contributor Record, Loquita (Ms.) Contributor address; City; State; Zip Code 4912 Thrush Dallas, TX 75209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NR		Employer (See Instructions) NR
Date 06/24/2017	Full name of contributor Record, Rotunda (Ms.) Contributor address; City; State; Zip Code 1611 Cuchara Ln Arlington, TX 76018	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NR		Employer (See Instructions) NR